

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000532136

**Entity Name:** SPEECH WITHOUT LIMITS THERAPY LLC

**Current Principal Place of Business:**

16703 EARLY RISER AVE  
203  
LAND O' LAKES , FL 34638

**Current Mailing Address:**

15017 NORTH DALE MABRY HIGHWAY #1241  
TAMPA, FL 33618 US

**FEI Number:** 88-4421187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZENBUSINESS INC  
336 E. COLLEGE AVE. SUITE 301  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	STRACHAN, BRANDON C	Name	STRACHAN, ALEXANDRA
Address	15017 NORTH DALE MABRY HIGHWAY #1241	Address	15017 NORTH DALE MABRY HIGHWAY #1241
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	TAMPA FL 33618

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRANDON STRACHAN

**OWNER**

**02/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date